



Delaware Health and
Social Services (DHSS)

Program Information, Rights, and Responsibilities

DELAWARE HEALTH AND SOCIAL SERVICES (DHSS)
INFORMATION FOR FOOD SUPPLEMENT PROGRAM, CASH,
MEDICAL, AND CHILD CARE ASSISTANCE







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Welcome to the State of Delaware, Delaware Health and Social Services

This document will give you an overview of DHSS programs and explain your rights and responsibilities as they apply to General Assistance (GA), Temporary Assistance for Needy Families (TANF), Food Supplement Program (FSP), Child Care and Medical Assistance.

In the headings in this booklet, you will see program symbols. These symbols will help you identify the programs.

Symbols	Programs
	Medical Assistance Programs (doctor visits, hospitalization, prescriptions, lab, x-rays and other medical services)
	Child Care Assistance (help with the cost of child care)
	Cash Assistance—Temporary Assistance for Needy Families (TANF), General Assistance (GA), Refugee Cash Assistance (RCA)
	Food Supplement Program (help with monthly food expenses)

Delaware Help Line	1-800-464-4357
DSS/DMMA Customer Relations	1-800-372-2022
EBT Customer Support	1-800-526-9099
Health Benefits Manager	1-800-996-9969
Social Security	1-800-772-1213
Medicare Part D	1-800-Medicare
LogistiCare Transportation	1-866-412-3778 (Reservations) 1-866-896-7211 (Where's My Ride)

For more information, please visit our Web site at: www.state.de.us/dhss



General Assistance (GA)

GA is a cash assistance program for low-income people who do not qualify for federally funded programs such as TANF or Social Security.

GA program eligibility:

Must be financially eligible and one of the following:

- Age 18 to 54 and medically unable to work
- Needed in the home to care for a sick household member
- Age 55 or older
- Child living with a non-relative
- High School students over 18 who will graduate within 2 years
- Resource limit \$1,000



Refugee Cash Assistance (RCA)

Refugee Cash Assistance is provided to needy refugees who do not have related minor children in the home. These cash benefits, which are federally funded, are available for the first eight months after a refugee arrives in the country or from the date of determination of refugee status.



Temporary Assistance for Needy Families (TANF)

TANF is Delaware's Welfare Reform program. The State and the family have mutual responsibilities. The family must accept responsibility to become self-sufficient and self-supporting.

TANF program eligibility:

- Adult must be caring for related minor children
- Family must be financially eligible
- Resource limit \$10,000



Subsidized Child Care/Purchase of Care (POC)

POC pays all or part of the child care expense for eligible families. Parents may pay a fee based on income. The income of caretakers is not counted. TANF participants, Transitional Work Program participants and children placed by Division of Family Services do not pay a fee.

Purchase of Care program eligibility:

- Must meet income limits for household size
- Working or participate in employment and training activities, or
- Participate in an approved educational program, or
- Parent or child has a special need



Food Supplement Program

Food Benefits enable families to add to their food budget.

Food Supplement program eligibility:

- Maximum gross monthly income limit based on family size
- Persons living and eating together
- Age and relationships in the home are considered

Allowable deductions may include:

- Percentage of earned income
- Portions of shelter and utility expenses
- Dependant care costs
- Legally obligated child support
- Medical expenses for people age 60 and older or receiving certain disability payments



Medical Assistance Programs

Medicaid Program

Medicaid provides comprehensive medical coverage for low-income Delaware residents. Eligibility is based on the family's gross income, household size, and age. Co-pays may apply.

Medicaid Benefits may include:

- Pharmacy
- Physicians Care

In and Out Patient Hospital Care
Lab Work
Durable Medical Equipment
Therapy
Home Health Care
X-Rays
Transportation Services
Dental care and eyeglasses for children
Behavioral/Mental Health Care

Delaware Healthy Children Program (DHCP)

DHCP provides health insurance to uninsured children. Families meeting eligibility guidelines pay a monthly premium of \$10 to \$25 per family based on income.

DHCP Benefits include:

All medical services covered by Medicaid except for non-emergency medical transportation.

Non-Citizen Medical Assistance Program

This program provides medical assistance to:

- Legally residing qualified aliens who entered the U.S. on or after 8/22/96 and who are not eligible for Medicaid and have not been in the U.S. for 5 years
- Non qualified aliens.

Recipients must meet all other Medicaid eligibility criteria.

Undocumented aliens may qualify for emergency services only and labor/delivery only.

Delaware Prescription Assistance Program (DPAP)

DPAP offers prescription assistance to low-income elderly or disabled individuals without prescription coverage. The dispensing pharmacy collects the co-pay. Medicare recipients must be enrolled in Medicare Part D to be eligible for DPAP.

DPAP provides:

A prescription benefit up to \$3,000 per individual per year.

Contact 1-800-996-9969

Chronic Renal Disease Program

Chronic Renal Disease Program provides services for individuals diagnosed with end-stage renal disease and who meet eligibility guidelines.

Chronic Renal Disease Program Eligibility:

- Diagnosed with End Stage Renal Disease receiving dialysis or had a kidney transplant
- Meet income and resource limits
- All other insurances (Medicare, Medicaid, VA, private insurance, etc.) must be used first

Services may include:

- Dialysis
- Medications
- Nutritional supplements
- Transportation to and from dialysis unit or transplant hospital

Medicare Supplemental Programs

Qualified Medicare Beneficiary Program (QMB)

QMB pays the Medicare Part A and B premium, co-pays and deductibles. It does not pay prescriptions or medical transportation.

Eligibility:

- Entitled to Medicare Part A
- Meet income limit for household size

Specified Low Income Medicare Beneficiary Program (SLMB)

SLMB pays the Medicare Part B premium only. SLMB may pay up to three months retroactive premiums if eligible during those months.

Eligibility:

- Entitled to Medicare Part A
- Meet income limit for household size

Qualifying Individual 1 Program (QI-1)

QI-1 pays the Medicare Part B premium only. QI-1 may pay up to three months retroactive premiums if eligible during those months.

Eligibility:

- Entitled to Medicare Part A
- Meet income limit for household size

Long Term Care Medicaid Programs

Elderly and Disabled Waiver Program (E/D Waiver)

The Elderly and Disabled Waiver Program provides individuals who qualify with an alternative medical program. It allows the person to remain in the community comfortably and safely instead of placement into a nursing facility.

Eligibility:

- Meet income limit
- Meet resource limit
- Medical level of care as determined

Services provided:

- All regular Medicaid services
- Case management
- Personal care services
- Medical and social day care
- Respite care
- Emergency Response System
- Orthotics and prostheses

Call Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

DSAAPD New Castle	302-453-3820
DSSAPD Kent and Sussex	302-424-7310

Assisted Living Home and Community-Based Waiver Program

This program assists with payment for Assisted Living facilities which allows residents more independence than a nursing home.

Eligibility:

- Meet income limit
- Meet resource limit
- Medical level of care as determined

Services:

- All Medicaid services
- Pays portion of assisted living care room and board
- Light medical or nursing care
- Personal services

Call Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

DSAAPD New Castle	302-453-3820
DSAAPD Kent and Sussex	302-424-7310

AIDS/HIV Home and Community-Based Waiver Program (AIDS Waiver)

This program is for individuals diagnosed with AIDS or diagnosed as HIV positive which allows individuals to remain in the community by providing medical related services.

Eligibility:

- Meet income limit
- Meet resource limit
- Diagnosis of AIDS or HIV positive with two associated symptoms
- Requires a level of care

Services provided:

- All Medicaid services
- Case Management
- Personal care services
- Respite care
- Mental health services
- Supplemental nutrition

Call Division of Medicaid & Medical Assistance

Central Intake Unit

1-866-940-8963

Home and Community Based Waiver Services for Persons having Mental Retardation or Developmental Disabilities (MR Waiver)

This program provides persons with mental retardation, needing an intermediate level of care, an alternative of living in the community instead of a facility.

Eligibility:

- Meet income limits
- Meet resource limits
- Diagnosis of mental retardation
- Needs intermediate level of care

Services Provided:

- All Medicaid services
- Case management
- Habilitation services
- Prevocational Services
- Supported employment services
- Day habilitation services
- Respite services
- Clinical support
- Environmental modification

Call Division of Developmental Disabilities Services at 302-744-9600

Nursing Facility Program

This program assists in the payment of nursing home care in Delaware Medicaid approved facilities.

Eligibility:

- Meet income limits
- Meet resource limits
- Medical level of care as determined

Services:

- All Medicaid services
- Assistance in paying room and board at nursing facility
- Nursing services

Call Division of Medicaid & Medical Assistance

Central Intake Unit

1-866-940-8963

30-Day Hospital Acute Care Program

This program assists persons in a hospital or long term care approved facility for 30 days or more.

Eligibility:

- Meet income limits
- Meet resource limits
- Hospitalized for 30 continuous days or
- In a hospital and/or approved rehabilitation center for 30 continuous days

Services:

- Payment of hospital, doctor, and medical expenses
- Room and board at an approved rehabilitation center

Call the Division of Medicaid & Medical Services:

Northern New Castle

302-577-2174

Southern New Castle

302-368-6610

Kent

302-424-7210

Sussex

302-856-5379

Out-Of-State Rehabilitation Hospital

This program pays for medical care for Delaware residents in an out-of-state rehabilitation hospital.

Eligibility:

- Meet income limit
- Meet resource limit
- Prior approval from Pre-Admission Screening for placement in an approved facility
- Verification of inability to be placed in a Delaware facility
- Medical level of care as determined

Services:

- All Medicaid services
- Room and board at facility

Call Division of Medicaid & Medical Assistance

Central Intake Unit

1-866-940-8963

Children's Community Alternative Disability Program

This program provides for medical coverage for children under the age of 19 years without consideration of parental income and resources.

Eligibility:

- Child meets income limit
- Child meets resource limit
- Medical level of care as determined

Services:

- All Medicaid services
- Case management
- Nutritional supplements
- Day care as determined

Call the Division of Medicaid & Medical Services:

Northern New Castle	302-577-2174
Southern New Castle	302-368-6610
Kent	302-424-7210
Sussex	302-856-5379

Your Rights

Privacy Act/Social Security Numbers

You must give a SSN for all members of your household who are applying for cash assistance, food benefits, child care, and/or medical assistance.

Non-lawful aliens are not required to give a SSN and may only be eligible for emergency medical services and labor and delivery.

We will use the SSN to determine initial and ongoing eligibility, check the identity of household members, prevent duplicate participation, and help us make mass changes. We will also use the SSN to check information you give us against information we have in our records and against other Federal, State and local government agency computer matching systems. This may mean that we will need to contact household employers, banks, or other parties.

If you receive benefits you are not entitled to, the information on this application—including the SSN of each household applicant—may be referred to State/Federal agencies, as well as private collection agencies, for claims collections. We will also use this information to monitor compliance with program regulations and for program management. If you give us false information on purpose we may take legal action against you.

Appeal/Fair Hearing Rights

Understand that you, or your representative, may appeal to DHSS, the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture (USDA for food benefits) if you are not satisfied with any decision made by the Division, or if you feel that you have been discriminated against because of race, color, national origin, sex, religion, age, disability, or political beliefs. As part of the appeal process, an attorney or any other person you choose may represent you at a hearing. If you are not satisfied with the decision on your fair hearing, you may request a judicial review in Superior Court in the County where you live. A request must be filed for a judicial review within 30 days of the date of your fair hearing decision.

Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability or political beliefs.

To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (800) 795-3272 (Voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Authorization for Receipt of Pregnancy Prevention Information

You are authorized to receive pregnancy prevention information. If you wish to receive this information you can call Planned Parenthood at 800-230-PLAN (7526). If you wish to get teen pregnancy prevention information, you may also call the Alliance for Adolescent Pregnancy Prevention at 800-499-WAIT (9248). You can also call the Delaware Helpline at 800-464-4357 for the Public Health Family Planning clinic in your area.

Disclosure of Information

For All Programs

All information and documentation gathered for determining your Cash Assistance, Food Benefit, Child Care and Medical Assistance eligibility is confidential. Each program provides safeguards, restricting the use and disclosure of information about you to purposes directly connected with the administration of the program.

Releasing information concerning your eligibility to anyone not authorized to receive the information is a violation of State and Federal law and may result in legal action.

We will keep your eligibility information confidential, unless you give us permission to release information to others.

For the Food Supplement and Cash Assistance Programs

If a law enforcement officer, on official duty, provides the recipient's name and informs DHSS that the individual:

- Is fleeing to avoid prosecution, custody or confinement for a felony, or
- Is violating a condition of parole or probation, or

- Has information needed for the officer to conduct an official duty related to a felony or parole violation

We shall make available:

- A SSN, a photograph (if available), and an address of a Food Benefit recipient.
- An address of a Cash Assistance recipient.

Your Responsibilities

Cooperation with Special Reviews

You will need to cooperate fully with all State and Federal personnel in any special review of your case. Failure to cooperate can result in your case being closed (Food Benefit, Cash Assistance, Child Care - not Medical Assistance).

Delaware's Food First Electronic Benefits Transfer (EBT) Card

Food benefits are issued on an EBT card. Once your benefits are approved, you can go to a card issuance site to get your card and select your Personal Identification Number (PIN). You must keep your PIN a secret. Please **do not** write down your PIN on your card or in an unsafe place and **do not** give anyone your PIN. Do not use a PIN that can easily be guessed by family members, like your birthdate. If someone takes your EBT card and uses your PIN to get your benefits without permission, your benefits will not be replaced.

If your EBT card is lost or stolen, you MUST CALL the e-Funds toll free Customer Support number at 1-800-526-9099 immediately.

If you fail to call this number immediately to freeze your account so no one can use your benefits, any missing benefits will not be replaced. The number is available 24 hours/7 days a week.

Head of Household Designation

Households with adult parents of children, or adults, who have parental control over children, have the option of selecting their head of household. Please read the following:

The person selected must be the parent of a child, regardless of age, or have parental control over children who are under 18 years of age.

- All adult household members must agree to the selection.
- If you fail to select or agree on a head of household it will not delay your benefits.
- If you choose not to or the adults do not agree on a selection, the principle wage earner will be selected.
- You can select a head of household at each certification and whenever the household composition changes.

Temporary Assistance for Needy Families (TANF)

TANF Job Quit

The penalty for individuals who quit their jobs without good cause and do not comply with subsequent job search requirements will be the closure of the TANF case for one month or until the individual obtains a job of equal or higher pay. If the individual participates for the required amount of hours in approved work related activities for four consecutive weeks the case can be reopened.

Medical Assistance Programs (MAP)

Understand and agree:

To give proof of your statement

Other persons or organizations may be contacted to obtain necessary proof of your eligibility.

- To allow us, directly or through our agents or the Diamond State Health Plan or the Delaware Healthy Children Program, access to all medical and school-based health and related services records of every member of your household who is eligible for Medical Assistance. This will allow us to administer the medical assistance program, coordinate care, determine medical necessity, and evaluate or pay for pending or incurred medical services.
- To report, within 10 days, changes in your situation that could affect your eligibility, such as a change in how many people live with you, a new job, change in income, or if you move.

Understand:

You must apply for and accept other benefits that you may be eligible to get such as Unemployment Compensation or Social Security.

- As a medical assistance recipient you will automatically receive full child support services from the Division of Child Support Enforcement (DCSE), unless you state that you want to receive only child support services related to medical support.
- If you are receiving services from DCSE but you are not on public assistance, DCSE is authorized to deduct directly from your support payments, any and all monies owed to the Division of Social Services including, but not limited to: fees, recovery of monies improperly paid to you, or paid in error, or any other reason deemed to correct your account.
- You may be eligible for TRANSITIONAL MEDICAID for up to 12 months if your Medicaid case is closed due to increased earnings or hours and/or loss of earned income disregards due to time limitations.
- Your children are eligible for preventative health care and you will be contacted.

- You will allow DHSS, or its representatives, to act as your agent in recovering money spent by the medical assistance programs when other money from insurance, etc., becomes available to pay your medical bills.
- You may have to repay to DHSS any medical assistance received for which you may not be entitled. You are responsible to repay such assistance both during your period of eligibility and after you are no longer receiving medical assistance.
- By law, as a condition of eligibility, you must assign all rights to medical support and to payment for medical care from any third party to DHSS. You must cooperate with the Division of Child Support Enforcement (DCSE) in establishing paternity and obtaining medical support for any child receiving medical assistance. You may claim to have good cause for refusing to cooperate in establishing paternity or in identifying and providing information about liable third parties. If you do not cooperate with DCSE and do not have good cause, you will not be eligible for benefits but your child may still be eligible. Pregnant women are not required to cooperate in establishing paternity and obtaining medical support.
- An adult household member (age 18 or over) or an emancipated minor must sign the application.

Child Care Program

Understand:

- You need to contact DSS for a determination. If you are a single parent with a child under the age of six, and you are unable to find needed child care, DSS will not sanction you for failure to participate in work or other activities to find work. In order to claim that you are unable to find needed child care, you will have to notify your worker within ten days of your being unable to find care or within ten days of the time DSS told you that you must participate in work.

You also must show the following:

- That appropriate child care was not available within a reasonable distance of one hour from either your home or your job site; or
- That you were unable to make arrangements with a relative to provide care or to have someone come into your home to provide care; or
- That you were unable to find appropriate and affordable care.

If you were unable to find child care because of one of the reasons above, you must tell your worker. Your worker will review this matter with you. **You must be able to show that you have a problem** (for example, you went to five or more providers and no provider had an opening for your child). DSS will tell you whether we agree that child care is a problem. In some cases, DSS may refer you to another source to help you find the care you need. During this time, DSS cannot sanction you for failure to participate in work or other work activities. This will not extend your time limit for receiving benefits.

As a participant in the DSS Purchase of Child Care Services Program, understand the following:

- You may be required to pay a portion of the cost of your child's child care expense. The fee is based on your income and family size. (Your worker will advise you of the amount of your fee, or if you have to pay a fee.)
- If your child is absent DSS will pay your child care provider from between 1 to 5 absent days per month.
- You must report, within ten days, changes that affect either your need for subsidized child care or income. You must report changes that affect you, your spouse, your child(ren's) other parent living in your household, or child(ren) if applicable.

Some of the changes you must report are:

- Getting a job, losing a job, changing jobs, taking a second job, no longer working at a second job, receiving child support, VA benefits. Receiving an increase or decrease in wages of \$75 or more a month. Receiving an increase or decrease in public assistance, social security, child support, VA benefits of \$75 or more a month. Enrolled in an education or training class, completed training, no longer need special needs' child care, changes to marital status, family size and address.
- As a participant in DSS subsidized Child Care Program, you further understand:
 - The information you give will be subject to verification by federal, state and local officials. If it is found inaccurate, you can be subject to criminal prosecution for knowingly providing false information.
 - If you do not have documents to verify needed information, you agree to give the name of a person or organization that DSS may contact to obtain verification and that you authorize DSS personnel to verify any statement you make regarding your application for child care.
 - If you plan to change your child care provider within the authorization period indicated you will notify your worker at least five days before moving your child so that a new authorization can be processed.
 - You will notify your current provider of your intent to move your child at least five care days before moving your child(ren).
 - You may be responsible for payment to your child care provider at the provider's private fee if you fail to be redetermined eligible for service.
 - Your provider may charge a late pickup fee, late payment fee, and field trip fees.
 - You are not responsible for any other provider fees not included in the Child Care Contract or Certificate.
 - You will be required to reimburse DSS for payment made for your child(ren) if you continue to use child care while not eligible to receive the service.
 - You may experience a disruption in your child care service if you fail to respond to DSS Attendance Quality Control inquiries.
 - You must report, within ten days, changes that affect either your need for subsidized child care or income. You must report changes that affect you, your spouse, your child(ren's) other parent living in your household, or child(ren) if applicable.

In consideration for payment made by DSS, you hereby release DSS from any claim or cause of action and agree that you will not hold DSS liable for any injury, illness or disease resulting to your child(ren) that may arise out of or during the course of service.

Applications for Other Benefits—For TANF and Medical Assistance Programs

Understand that you must apply for and accept other benefits that you may be eligible to get such as Unemployment Compensation or Social Security.

Repayment Agreement

You understand:

- You are required to repay DHSS any assistance (TANF, GA, FSP, CC, or MA) or medical service received that is more than what you are supposed to get, even when you are no longer receiving a benefit.
- A deduction will be made each month from your TANF, GA, FSP benefits as established by the DHSS manual until the amount owed is paid back in full.
- If and when your current case is closed, you will be obligated to pay the balance of any overpayment in full in one of the following ways:
 1. Monthly payments to Audit and Recovery Management Services;
 2. Work Referral Program;
 3. Voluntary garnishment of wages;
 4. Intercept of State and/or Federal Income Tax Refunds;
 5. Intercept of lottery winnings;
 6. Withholding of Unemployment Compensation benefits; or
 7. Withholding or reducing Federal payments which include the following:
 - a. Income tax refunds;
 - b. Federal salary pay including military pay;
 - c. Federal retirement, including military retirement pay;
 - d. Contractor/vendor payments;
 - e. Federal benefit payments, such as Social Security, Railroad Retirement, and Black Lung (part B) benefits; and
 - f. Other Federal payments, including certain loans to you, that are not exempt from offset.
 8. Collecting from active or stale EBT accounts.

You further understand that any unpaid balance will be automatically deducted should you return as a Cash Assistance or Food Benefit recipient.

Your Penalty Warnings

We will check the information you give us to make sure your household is eligible for Food Benefit and Cash Assistance. Federal, State, and local officials will check the information you give us. We will check the State Income and Eligibility Verification System, other computer systems, program reviews, and audits. We may also send some information to the Immigration and Naturalization Service to see if the information you gave us is correct. We will not check nonlawful alien status. This will not affect any public charge determination or lead to deportation proceedings. Other federal aid programs and federally-aided state programs, such as School Lunch and Medicaid, may also check the information you gave us. If we find any information you give us is incorrect, we may deny your Food Benefits/Cash Assistance. If you

give us false information on purpose, we may take legal action against you. You may also have to pay back the amount of benefits that you should not have received.

For Food Supplement Program

Any member of your household who breaks a Food Supplement Program rule on purpose will not be able to get Food Benefits for:

- One year for the first offense
- Two years for the second offense
- Permanently for the third offense

The Court can also order an individual off the program for an additional 18 months. The Court can fine the individual up to \$250,000, send the individual to jail for up to 20 years, or both.

Under other Federal laws, additional criminal or civil action may be taken against the individual.

If any member of your household is:

- Found guilty by a court (Federal, State, or local) of selling or purchasing controlled substances with Food Benefits, the individual will not be able to get Food Benefits for two years for the first time. The second time, he/she will **never** get Food Benefits again.
- Ever found guilty by a court of selling or purchasing firearms, ammunition, or explosives with Food Benefits, even for the first time, he/she will **never** get Food Benefits again.
- Found guilty by a court (Federal, State or local) of having trafficked Food Benefits in the amount of \$500 or more, even for the first time, he/she will **never** get Food Benefits again.
- Found guilty of misrepresenting their identity or place of residence in order to get multiple Food Benefits for the same month, the individual will not be able to get Food Benefits for a 10 year period.
- Fleeing to avoid prosecution, or custody or confinement after a conviction, under the law of any state for a crime, or attempt to commit a crime, that is a felony, or violating a condition of probation or parole imposed under a Federal or State law, the individual will not be able to get Food Benefits.
- Convicted of a felony for distributing or selling controlled substances, the individual will **never** get Food Benefits again.

Drug Felon Having or Using Convictions for Food Benefits

Anyone convicted of a drug felony for using or having a controlled substance cannot get Food Benefits unless the person is:

1. In a drug treatment program; or
2. On a waiting list for drug treatment; or
3. Has completed drug treatment; or
4. Does not need drug treatment; and
5. Has completed all court requirements, including drug treatment.

The convicted drug felon must provide proof of meeting the conditions above. The individual must submit to random quarterly drug testing.

Failure to return a clean drug test will result in the termination of Food Benefits. The individual will not be able to get Food Benefits until he or she provides a clean drug test free of controlled substances.

If an individual fails the drug test, he or she will not be able to get Food Benefits for one year. After the one-year disqualification period, the individual will be able to get Food Benefits again, if otherwise eligible, when the individual provides a clean drug test free of controlled substances.

Riverside Rule

If you or a member of your family fails to perform an action required under an assistance program (TANF, RCA, or GA), or commits fraud, that reduces or closes your grant, we will continue to count the amount you were getting in your food benefit case. You will not get an increase in food benefits when do not comply with cash assistance rules or commit fraud.

The following conditions apply:

1. The rule applies to individuals who fail to perform a required action while receiving assistance.
2. The rule does not apply to individuals who fail to perform a required action at the time the individual initially applies for assistance.
3. The rule applies to individuals who fail to perform a required action during an application for continued benefits as long as there is no break in participation.
4. The individual must be certified for food benefits at the time of the failure to perform a required action for this rule to apply.
5. The rule applies for the duration of the reduction in the assistance and cannot continue beyond the sanction of the assistance program.
6. When the TANF case closes, the food benefit sanction will remain in place for one year or until the individual is no longer eligible for TANF because the family makes too much money or meets one of the TANF E & T exemptions per 3006.1.

Food Supplement Program Work Requirements

Understand:

- No physically and mentally fit individual over the age of 15 and under the age of 60 shall be eligible to participate in the Food Supplement Program if the individual fails to comply with any work requirement, voluntarily quits a job without good cause, or voluntarily reduces his/her hours of work to less than 30 hours per week without good cause.
- When an individual fails to comply, the individual will not be able to get Food Benefits:
 - For the first time, one month or until the individual complies with the work requirements, whichever is later.

- For the second time, three months or until the individual complies with the work requirement, whichever is later.
- For the third time, six months or until the individual complies with the work requirement, whichever is later.
- Individuals 18 to 50 years of age are ineligible to receive Food Benefits if they received Food Benefits for at least three months in a 36 month period while they did not either work a monthly average of at least 20 hours per week, participate in a work program at least 20 hours per week, participate in and comply in a work supplementation program, or participate in a workfare program, unless the individual is exempt from work requirements.
- The individual must serve the minimum sanction period and must comply with the work requirement (except for voluntary quit) before receiving Food Benefits again, even if compliance is before the end of the sanction period.
- For voluntary quit sanctions, the individual can receive Food Benefits again after serving the minimum sanction periods; there is no compliance requirement.

Reporting and Verifying Expenses

Failure to report or verify any of the following expenses will be seen as a statement by your household that you do not want to receive a deduction for the unreported expenses:

- Shelter (rent/mortgage/lot) expenses
- Homeowner's insurance
- Real estate taxes
- Utility expenses (gas/electric/oil)
- Water and sewage expenses
- Garbage expenses
- Phone expenses
- Medical expenses
- Dependent care expenses
- Child support expenses paid to children who do not live with you

Reporting Requirements—For Food Supplement Program

Simplified Reporting Requirements

- Households are required to report only income changes when the monthly income exceeds 130% of the poverty income guideline for the household size that existed at the time of certification or recertification.
- When a household's monthly income exceeds the 130% of the poverty income guideline, the household is required to report that change within ten days after the end of the month that the household determines the income is over the 130% amount.
- Additional reporting requirement for ABAWD individuals. Adults living in a home without any minor children, who are getting food benefits because they are working over 20 hours a week, must report when they start working less than 20 hours per week.

Certified households must report changes in circumstances by the 10th day of the month following the month of the change.

An applying household must report all changes related to its food benefit eligibility and benefits at the certification interview.

Reporting Requirements—For Cash Assistance and Medical Assistance

You agree to report **immediately** to the local DHSS office any change in circumstances that may affect your continuing eligibility for assistance or the amount of assistance you are eligible to receive.

Reporting Requirements—For Cash Assistance

Do not give false information, or hide information, to get or continue to get Cash Assistance.

Any member of your household who breaks a Temporary Assistance For Needy Families (TANF) rule on purpose will not be able to get Cash Assistance for one year for the first violation, two years for the second violation, and permanently for the third violation.

Any applicant or recipient who gives false information in order to obtain benefits is subject to penalties that include a fine of up to \$500 and imprisonment up to 6 months.

If any member of your household is found guilty of misrepresenting their place of residence in order to get multiple benefits in two or more States for the same month from programs funded under TANF, Title XIX Medicaid, the Food Stamp Act of 1977, and Title XVI Supplemental Security Income Program, the individual will not be able to get Cash Assistance for a 10 year period.

If any member of your household is fleeing to avoid prosecution, or custody or confinement after conviction, under the law of any state for a crime, or attempt to commit a crime, that is a felony, or violating a condition of probation or parole imposed under a Federal or State law, the individual will not be able to get Cash Assistance.

If any member of your household is convicted of a felony for having, using, or selling controlled substances, the individual will **never** get Cash Assistance again.

TANF Sanctions

The TANF case closes for at least one full month. For a TANF case to reopen, the TANF recipient must complete 4 consecutive weeks of full participation with the Employment and Training vendors.

Requirements

Sanctions

Employment and Training/work

The TANF case closes for at least one full month. For a TANF case to reopen, the TANF recipient must complete 4 consecutive weeks or full participation with the Employment and Training vendors.

Child under 16 not attending school

A \$50.00 successive sanction for the teen not attending school when the parent does not work with the school to ensure school attendance.

Child 16 and over not attending school

The removal of the teen from the grant and the reduction in household size.

CMR requirements

An initial \$50.00 reduction in the TANF grant if the participant has not complied, an additional reduction each month until compliance occurs.

General Information

Requirements for Alien Registration Card

For each applicant who is not a U.S. citizen you will need to show either documentation from the U. S. Citizenship and Immigration Service (USCIS) or other documents DHSS determines are proof of your immigration status. Alien status may be subject to verification with USCIS, which may require submission of certain information from this application form to USCIS. Information received from USCIS may affect your household's eligibility and level of benefits.

For Medical Assistance this will not affect any public charge determination or lead to deportation proceedings.